



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 12

|                        |                  |
|------------------------|------------------|
| Application No.        | 10/825,797       |
| Filing Date            | April 9, 2004    |
| First Named Inventor   | Hiroyuki Shibaki |
| Art Unit               | 2622             |
| Examiner Name          |                  |
| Attorney Docket Number | 6453P041         |

### ENCLOSURES (check all that apply)

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group   |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                                 |
| <input type="checkbox"/> Amendment / Response                                | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)                          |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert a Provisional Application                  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                                     |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | <div style="border: 1px solid black; padding: 5px;">Return Receipt Postcard, Copies of cited references (A-E)</div> |
| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input checked="" type="checkbox"/> PTO/SB/08                                |   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              |   |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Basic Filing Fee                                    |   |   |
| <input type="checkbox"/> Declaration/POA                                     |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| Remarks  |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | Michael J. Mallie, Reg. No. 36,591<br><br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature               |  |
| Date                    | January 10, 2005   |

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

|                       |                  |
|-----------------------|------------------|
| Typed or printed name | Ines Francetic   |
| Signature             |                  |
| Date                  | January 10, 2005 |



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      (\$ )      **0.00**

#### Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/825,797       |
| Filing Date          | April 9, 2004    |
| First Named Inventor | Hiroyuki Shibaki |
| Examiner Name        |                  |
| Art Unit             | 2622             |
| Attorney Docket No.  | 6453P041         |

#### METHOD OF PAYMENT (check all that apply)

Check    Credit card    Money Order    None    Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2666   Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)    Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

#### FEE CALCULATION

##### 1. EXTRA CLAIM FEES

|                       |  | Extra<br>Claims             | Fee from<br>below             | Fee Paid                      |
|-----------------------|--|-----------------------------|-------------------------------|-------------------------------|
| Total Claims          |  | ** = <input type="text"/> 0 | x <input type="text"/> 50.00  | = <input type="text"/> \$0.00 |
| Independent<br>Claims |  | ** = <input type="text"/> 0 | x <input type="text"/> 200.00 | = <input type="text"/> \$0.00 |
| Multiple Dependent    |  |                             |                               |                               |

| Large Entity |             | Small Entity |             |   |
|--------------|-------------|--------------|-------------|---|
| Fee<br>Code  | Fee<br>(\$) | Fee<br>Code  | Fee<br>(\$) | Fee Description   |
| 1202         | 50          | 2202         | 25          | Claims in excess of 20                                    |
| 1201         | 200         | 2201         | 100         | Independent claims in excess of 3                         |
| 1203         | 360         | 2203         | 180         | Multiple Dependent claim, if not paid                     |
| 1204         | 300         | 2204         | 150         | **Reissue independent claims over original patent         |
| 1205         | 300         | 2205         | 150         | **Reissue claims in excess of 20 and over original patent |

\*\*or number previously paid, if greater. For Reissues, see below

SUBTOTAL (1)      (\$ )      **0.00**

##### 2. ADDITIONAL FEES

Large Entity      Small Entity

| Fee<br>Code | Fee<br>(\$) | Fee<br>Code | Fee<br>(\$) | Fee Description  |
|-------------|-------------|-------------|-------------|--|
| 1051        | 130         | 2051        | 65          | Surcharge - late filing fee or oath                              |
| 1052        | 50          | 2052        | 25          | Surcharge - late provisional filing fee or cover sheet.          |
| 2053        | 130         | 2053        | 130         | Non-English specification  |
| 1251        | 120         | 2251        | 60          | Extension for reply within first month                           |
| 1252        | 450         | 2252        | 225         | Extension for reply within second month                          |
| 1253        | 1,020       | 2253        | 510         | Extension for reply within third month                           |
| 1254        | 1,590       | 2254        | 795         | Extension for reply within fourth month                          |
| 1255        | 2,160       | 2255        | 1,080       | Extension for reply within fifth month                           |
| 1401        | 500         | 2401        | 250         | Notice of Appeal   |
| 1402        | 500         | 2402        | 250         | Filing a brief in support of an appeal                           |
| 1403        | 1,000       | 2403        | 500         | Request for oral hearing   |
| 1451        |             | 2451        |             | Petition to institute a public use proceeding                    |
| 1460        | 130         | 2460        | 130         | Petitions to the Commissioner                                    |
| 1807        | 50          | 1807        | 50          | Processing fee under 37 CFR 1.17(q)                              |
| 1806        | 180         | 1806        | 180         | Submission of Information Disclosure Stmt                        |
| 1809        | 790         | 1809        | 395         | Filing a submission after final rejection (37 CFR § 1.129(a))    |
| 1810        | 790         | 2810        | 395         | For each additional invention to be examined (37 CFR § 1.129(b)) |

Fee Paid

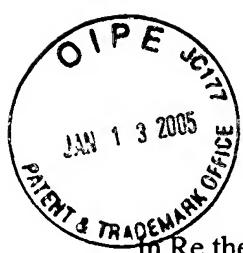
Other fee (specify)

SUBTOTAL (2)

( \$ )

Complete (if applicable)

|                   |                   |                                      |        |           |                |
|-------------------|-------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Michael J. Mallie | Registration No.<br>(Attorney/Agent) | 36,591 | Telephone | (408) 720-8300 |
| Signature         |                   |                                      |        | Date      | 01/10/05       |



Docket No.: 6453P041

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

HIROYUKI SHIBAKI, ET AL.

Application No.: 10/825,797

Filed: April 9, 2004

For: **IMAGE PROCESSING APPARATUS,  
IMAGE PROCESSING SYSTEM, AND  
COMPUTER PROGRAM**

Art Group: 2622

Examiner:

**INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a first Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

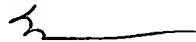
The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

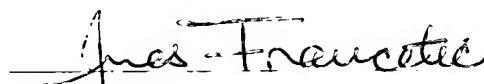
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: January 10, 2005

  
Michael J. Mallie, Reg. No. 36,591

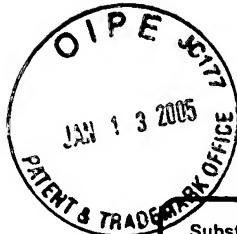
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*Ines Francetic*

01-10-05

*Date*



**Substitute for form 1449A/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

Sheet 1 of 1

| <i><b>Complete if Known</b></i> |                  |
|---------------------------------|------------------|
| Application Number              | 10/825,797       |
| Filing Date                     | April 9, 2004    |
| First Named Inventor            | Hiroyuki Shibaki |
| Art Unit                        | 2622             |
| Examiner Name                   |                  |
| Attorney Docket Number          | 6453P041         |

## **NON PATENT LITERATURE DOCUMENTS**

**Examiner  
Signature**      **Date  
Considered:**

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

*\*Applicant's unique citation designation number. \*Applicant is to place a check mark here if English language Translation is attached.*

Based on PTO/SB/08B (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 08/11/2003.  
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